

Written Testimony in Support of Raised S.B. No. 1076:
An Act Concerning Aid in Dying for Terminally Ill Patients
Public Health Committee Hearing
February 27, 2023

Good Morning Co-Chairs Anwar and McCarthy Vahey and honorable members of the Public Health Committee. Thank you for the opportunity to provide testimony in support of Raised S.B. No. 1076: An Act Concerning Aid in Dying for Terminally Ill Patients.

My name is Shannon E. Sanford. I am a registered nurse. I have doctorate in Nursing Education, a master's as an Oncology Clinical Nurse Specialist, and I am an Assistant Professor of Nursing at a local community college. My area of subject expertise is on the End-of-Life Nursing Education Consortium (ELNEC) curriculum, a national education initiative to improve palliative care and on the study of the Oregon Death with Dignity Act.

First, I would like to thank the committee for their efforts on SB 1075: An Act to Improve Hospice and Palliative Care, a bill I also support. Comprehensive quality palliative care is essential to patients at end-of-life. The establishment of a Hospice Hospital at Home pilot program through a combination of in-person and telehealth visits will serve to increase patient access to services while allowing them to remain at home. While I urge the committee to pass SB 1075, I must also implore you to support SB 1076: An Act Concerning Aid in Dying for Terminally Ill Patients.

In my experience as a nurse, the best hospice and palliative care will not control all suffering. Suffering is unique to the individual. Florence Wald largely considered the founder of hospice movement in the United States stated, "...there are cases in which either the pain or the debilitation the patient is experiencing is more than can be borne, whether it be economically, physically, emotionally, or socially. For this reason, I feel a range of options should be available to the patient, and this should include assisted suicide."

The American Nurses' Association (ANA) which is the leading organization representing the interests of the nation's 4 million registered nurses, has a position statement on "The Nurses' Role When A Patient Requests Medical Aid in Dying." This is an important guide for nurses on ethical decision-making since medical aid in dying is legal in ten states and in Washington, D.C. This position statement encourages the nurse to have respect for patient self-determination, nonjudgmental support for the patients' end-of-life preferences and values, and prevention and alleviation of suffering. This statement further clarifies, by saying:

"In states where medical aid in dying is legal, patient self-determination extends to include a terminally ill patient's autonomous, voluntary choice and informed request to self-administer medication to hasten death."

The nursing profession provides the ethics and guardrails that guide part of my practice. As legislators, (when you vote to pass SB 1076), the strictest aid in dying legislation in the nation, it will guide the other part of my practice.

I acknowledge that there are fears from the disabled community, fellow practitioners, and even respected members of this committee. I would offer that medical aid in dying is not synonymous with euthanasia. The ANA states, “euthanasia is inconsistent with the core commitments of the nursing profession and profoundly violates public trust.”

The key distinction is that medical aid in dying requires capacity for making the medical decision and self-administering the medication, which SB 1076 requires by having the terminally ill individual making:

- 2 written requests, 15 days apart, witnessed by 2 people who attest that individual is capable, acting voluntarily and not being coerced or unduly influenced.
- individual must be seen by a consulting physician for medical confirmation of the attending physician’s diagnosis of the condition as a terminal illness, and that the individual is competent and acting voluntarily.
- individual must be seen for counseling (psychiatrist, psychologist, or licensed clinical social worker) to determine competency to request aid in dying and that they are not suffering from a psychiatric or psychological condition that causes impaired judgement.
- no later than 30 days after prescribing medication, and every 30 days thereafter, the attending physician must meet with the individual to certify that they are still qualified and competent or that the medication has been properly disposed.

In addition to these safeguards, SB 1076 also requires a 1 year state residency requirement, increases the eligibility age from 18 to 21 years, and includes a reporting system for tracking the number of prescriptions written and number of individuals who died following self-administration.

I have come before the Public Health Committee numerous times testifying in support of medical aid in dying, SB 1076 is the most comprehensive and safest bill to have been drafted. I applaud the committee for their hard work on this bill and I fully support its passage. I would welcome any questions you might have.

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